Please refer to the Instructions for Filling Notification before completing this form. The information requested here is

## Notification of Regulated Waste

**Date Received** (For Official Use Only)

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VIII. Type of Regulated Wasta Activity	Mark 'X' in the appropriate boxes:	Adrius io: indicuellone.
A. Hazardous	Waste Activity	B. Used Oil Fuel Activities:
1. Generator (See anstructional)  A. Greater than 1000kg/me (2,200 lbs.)  1. 100 to 1000 kg/me (220 - 2,200 lbs.)  G. Lass than 1000 kg/me (220 - 2,200 lbs.)	A Hazardosa Wake Full	5. Other Marketer Marketer
2. Transporter (Indicate Mode in bores 1) a. For own waste only b. For commercial purposes  Mode of Transportation	B. Gererator Marketing to     Description     B. Description     Bollet end/or industrial     T. Smelter Deferral     Smelt Guerrilly 8	Type of Combustion Davios  Furnaces  1. Utility Boller  2. Industrial Boller
1 Air   2 Faili   3 Highway   4 Water	incloate Type of Combination (a)  I July Boller  I Industrial Boller	2. Specification Used Of Fuel Marketer (or On-site Burner) Who First Claims the Off Meets the Specification
S. Other a specify	. 8. Industrial Furnec	
IX. Description of Regulated Wastes (U  A. Characteristics of Nonlisted Hazardous	Wastes. Mark 'X' in the boxes correspon	ding to the characteristics of nonlisted hazardous ,
Wastes your installation handles. (See 40 (	CFR Parts 261.20 - 261.24) Dificity Haracteristic	sumber(8) for the Toxolly cresected (its contembrancy);
B. Listed Hazardous Wastes. (See 40 CFR 2	3 See instructions if you need	5 6 5 11 12 12
C. Other Wastes. (State or other wastes requ	Iring a handler to have an I.D. number. S	6 instructions.)
X. Certification	مه د مسوی	
accordance with a system designed to submitted. Based on my inquiry of the pe gathering the information, the informat complete. I am aware that there are signi imprisonment for knowing violations.	o assure that qualified personnel person or persons who manage the syllion submitted is, to the heat of n	prepared under my direction or supervision in properly gather and evaluate the information stem, or those persons directly responsible for my knowledge and belief, true, accurate, and information, including the possibility of fine and
Signature DS	Name and Official Title (type or print SALV D SINGH C	Date Signed  Date Signed  DATEOURA 10-27-95
XI. Comments		
		0 0
Note: Mall completed form to the appropriate	e EPA Regional or State Office. (See S.	ection (ii) of the booklet for addresses 1.

Please refer to the Instructions for Filling Notification, before completing this form. The information requested here is required by law (Section 2010 of the Resource Conservation and Recovery Act).

## **QEPA**

## Notification of Regulated Waste Activity

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VIII. Type of Regulated Waste Activity	(Mark 'X' in the appropriate boxes.	Taler to Instructions.
A. Häzerdout	Waste Activity	B: Used Oli Fuel Activities
1. Generator (See instructions) 2. a. Greats: than 1000kg/mo (2,200 lbs 2. b. 100 to 1000 kg/mo (220 - 2,200 lbs 3. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes	d.)     4. Házardous Waste Fuel     a. Generator Marketing to I	a. Generator Marketing to Burner  b. Other Marketin  c. Burner  D. Burner  D. Burner  D. Burner
a. For own waste only b. For commercial purposes  Mode of Transportation 1. Air 2. Ball	Bollet and/or industrial F     Smelter Deferral     Smelter Deferral     Smelter Deferral     Smelter Deferral     Smelter Deferral     Smelter Deferral     Device(s)	2. Industrial Boller 3. Industrial Furnace
3. Highway 4. Water 5. Other - specify	1. Utility Boller 2. Industrial Boller 3. Industrial Furnace 5. Underground Injection Con	
IX. Description of Regulated Wastes (	Use additional sheets if necessary)	
wastes your installation handles. (566 40	CFR Parts 261.20 - 261.24)	ing to the characteristics of nonlisted hazardous
I. Ignitable 2. Corrosive 3. Reactive	OXIGITY Characteristic COOD)  (Litt specific EPA hazardola weste in	umber(s) for the Toxicity characteristic contaminant(s))
B. Listed Hazardous Wastes. (See 40 CFR  1 2 7 8	261.31 - 33. See instructions if you need to	5 6 6 11 12 12 12 12 12 12 12 12 12 12 12 12
C. Other Wastes. (State or other wastes required in the control of	ulring a handler to have an I.D. number. So	5 6
X. Certification	forward and all attachments	
accordance with a system designed to submitted. Based on my inquiry of the p gathering the information, the information, the information the information that there are significant imprisonment for knowing violations.	to assure that qualified personnel person or persons who manage the system in submitted is, to the best of m	repared under my direction or supervision in roperly gather and evaluate the information stem, or those persons directly responsible for y knowledge and belief, true, accurate, and aformation, including the possibility of fine and
Signature D Single	Name and Official Title (type or print, SARV D SINGH CO	Date Signed WTROELER 10-27-95
XI. Comments		2
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Note: Mail completed form to the appropria	te EPA Regional or State Office. (See Se	ction III of the booklet for addresses )